

EDD Call Center  
PO Box  
City CA Zip Code



Mail Date: 00/00/0000  
SSN: 000-00-0000

EDD Telephone Numbers:  
English (800) 300-5616  
Spanish (800) 326-8937  
Cantonese (800) 547-3506  
Vietnamese (800) 547-2058  
Outside CA (800) 250-3913  
TTY (non voice) (800) 815-9387

Claimant's Name  
Claimant's Address  
City CA Zip Code

### NOTICE OF UNEMPLOYMENT INSURANCE AWARD

1. Claim Beginning Date: 00/00/0000
  2. Claim Ending Date: 00/00/0000
  3. Maximum Benefit Amount: \$0000
  4. Weekly Benefit Amount: \$000
  5. Total Wages: 00,000.00
  6. Highest Quarter Earnings: 0,000.00
  7. Award without school wages  
Maximum Benefit amount \$0000 Weekly Benefit Amount \$000
  8. **You must look for full time work each week.** If your last employer or one of the employers listed in item 12 below was a temporary services or leasing employer, you must contact that employer to see if a new assignment is available. Please see your handbook, A Guide to Unemployment Insurance Benefits, DE 1275A, for more information about looking for work.
  8. To qualify for this claim you must meet further eligibility requirements. You will receive additional information on what you need to do to qualify. Please see your handbook, A Guide to Unemployment Insurance Benefits, DE 1275A, for more information.
- | 10. Employee Name | 11. Employee Month/Year | Wages for Month/Year | the Quarter Month/Year | Ending Month/year | 12. Employer Name |
|-------------------|-------------------------|----------------------|------------------------|-------------------|-------------------|
| Claimant's Name   | 0,000                   | 0,000                |                        |                   | SCHOOL DIST       |
| Claimant's Name   |                         |                      | 0,000                  | 0,000             | SCHOOL DIST       |
| 13. Totals:       | 0,000                   | 0,000                | 0,000                  | 0,000             |                   |

**Important Information On Next Page**

**THIS NOTICE SHOWS:**

1. Claim Beginning Date: This is the date your claim begins. You can cancel this claim within **30 days** of the mailing date of this notice by contacting an EDD office. However, if you want to cancel the claim you can not have cashed a benefit check or received a written notice of disqualification. If the claim is canceled, it cannot be reopened. You may file a claim with a later date.
2. Claim Ending Date: This is the date your claim ends.
3. Maximum Benefit Amount: This is the total amount of money you can receive from this claim. If you were paid wages in another state during the four quarters shown on the reverse page in item 11, those wages may increase your award. Please see your handbook, *A Guide to Unemployment Insurance Benefits*, DE 1275A, for the current maximum benefit amount. If you want to add wages, please contact an EDD office.
4. Weekly Benefit Amount: This is the maximum amount you can be paid each week if you meet the weekly eligibility requirements. Please see your handbook, *A Guide to Unemployment Insurance Benefits*, DE 1275A.
5. Total Wages: The total amount of earnings reported by the employer(s) during the quarters listed on the reverse page in item 11. These earnings were used to compute your maximum benefit amount.
6. Highest Quarter Earnings: The calendar quarter listed on the reverse page in item 11 with the highest amount of earnings. These earnings determine your weekly benefit amount.
7. The award listed on the reverse page in item 7 is your award without the wages earned from a school district. If you worked for a school district during any of the quarters listed on the reverse page in item 11, you may not be able to use those wages in your claim during a school recess period.
8. By law you must make all reasonable efforts to find work when claiming benefits. You must follow the instructions on the reverse page in item 8 to be eligible for benefits.
9. The Unemployment Insurance Code (Section 1277) requires that you work between the beginning and ending dates of a prior claim to have a valid claim the next year. You will receive additional instructions.
10. Employee's Name(s): This is the name used by your employer(s) to report your earnings to EDD during each calendar quarter listed on the reverse page in item 11.
11. Employee's Wages for the Calendar Quarter Ending: These are the wages your employer(s) reported you earned during each calendar quarter listed on the reverse page in item 11. These earnings determine the amount of your Unemployment Insurance award.
12. Employer Name: This is the name(s) of the employer(s) you worked for during the period shown.
13. Totals: The total amount of earnings reported by all employer(s) in each calendar quarter listed on the reverse page in item 11.

**YOUR CLAIM IS INVALID IF:**

- a. Your earnings were not enough to meet the minimum requirements. Please see your handbook, *A Guide to Unemployment Insurance Benefits*, DE 1275A, for more information.
- b. You had a prior Unemployment Insurance claim and did not meet the requirements for working and earning wages necessary to have a later valid claim.

**IMPORTANT:**

Check this notice carefully to make sure that all employers you worked for in the calendar quarters shown on the reverse page in item 11 are listed and that the wages you earned are shown. If an employer is listed and you did not work for them, or if an employer is not listed, or your wages are incorrect, contact an EDD office. If you need to contact an EDD office, please have your full name, address and Social Security number ready, along with any wage and employment information you would like to add to your claim.

If you worked for a federal agency your wages must be requested from that federal agency. You will receive a Notice of Amended Unemployment Insurance Award with these wages added. If the amended notice is incorrect, you may request a correction.

**YOU MUST COMPLETE AND MAIL THE CLAIM FORMS YOU WILL RECEIVE IN THE MAIL TO RECEIVE BENEFITS. YOU MUST ALSO MAIL THESE FORMS IF YOU HAVE REQUESTED A CORRECTION TO YOUR UNEMPLOYMENT INSURANCE AWARD.**